

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/685-435</u>	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	NO	DEP	NO	DEP	NO	DEP		
1							31	
2							32	
3							33	
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							98	
							99	
							100	
TOTAL NO.							TOTAL NO.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

69  
18  
57